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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b> 10/522,043-Conf. #6728	
	<b>Filing Date</b> October 13, 2005	
	<b>First Named Inventor</b> Xin Lu	
	<b>Title</b>	Polypeptide
	<b>Art Unit</b>	1642
	<b>Examiner Name</b>	Sean E. Aeder
<b>Attorney Docket No.</b> 31265/5829		

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature: <span style="font-family: cursive; font-size: 1.2em;">D. N. Davison</span>	Date: <span style="font-family: cursive;">28 Feb 2008</span>
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.